|  |  |   |                |                                  |              |                                      |      | - 1'                              | Abblication            | or D | ocket Num                      | ber                    |  |
|--|--|---|----------------|----------------------------------|--------------|--------------------------------------|------|-----------------------------------|------------------------|------|--------------------------------|------------------------|--|
|  | PATENT A                                       | APPLICATIO<br>Effect  | RD             | 10/6/6579                        |              |                                      |      |                                   |                        |      |                                |                        |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |  |   |                |                                  |              |                                      |      | SMALL ENTITY TYPE                 |                        |      | OTHER THAN<br>OR SMALL ENTITY  |                        |  |
| TC   | TAL CLAIMS                                     | 120   | 120            |                                  |              |                                      | RATE | FEE                               | 1                      | RATE | FEE                            |                        |  |
| FO   | R  |   | NUMBER FILED   |                                  | NUMBER EXTRA |                                      |      | BASIC FE                          | 375.00                 | OR   | BASIC FEE                      | 750.00                 |  |
| то   | TAL CHARGEA                                    | BLE CLAIMS  | 120 minus 20=  |                                  | . 100        |                                      |      | X\$ 9=                            |                        | OR   | X\$18=                         | 1800                   |  |
| IND  | EPENDENT CL                                    | AIMS  | 13 m           | กบร 3 =                          |              | İ                                    | X42= |                                   | OR                     | X84= | 840                            |                        |  |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |   |                |                                  |              |                                      | t    | +140=                             |                        | OR   | +280=                          |                        |  |
| * If the difference in column 1 is less than zero, enter *0* in column 2 |  |   |                |                                  |              |                                      |      | TOTAL                             | -                      | OR   | TOTAL                          |                        |  |
| CLAIMS AS AMENDED - PART II  |  |   |                |                                  |              |                                      |      | CMALL                             | ENTITY                 |      | OTHER<br>SMALL                 |                        |  |
|  | (Column 1) (Column 2) (Column 3                |   |                |                                  |              |                                      |      | SMALL                             |                        | OR   | SMALL (                        |                        |  |
| AMENDMENT A  |  | REMAINING<br>AFTER<br>AMENDMENT   |                | NUMI<br>PREVIO                   | BER          | PRESENT<br>EXTRA                     |      | RATE                              | ADDI-<br>TIONAL<br>FEE |      | RATE                           | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | . 8   | Minus          | •/                               | <b>X</b>     |                                      |      | X\$ 9=                            |                        | OR   | X\$18=                         |                        |  |
|  | Independent                                    | • /   | Minus          | ***                              | 3_           | *                                    | ſ    | X42=                              |                        | OR   | X84=                           |                        |  |
| Ш  | FIRST PRESE                                    | NTATION OF MI   | JUIPLE DE      | ENDENI                           | CLAIM        |                                      | Γ    | +140=                             |                        | OR   | +280=                          |                        |  |
|  | 1 10   | 1/0   |                |                                  |              |                                      | L    | TOTAL                             |                        | OR   | TOTAL                          |                        |  |
|  | (Column 1) (Column 2) (Column 3)               |   |                |                                  |              |                                      | . AL | DDIT. FEE                         |                        |      | ADDIT. FEE                     |                        |  |
|  |  | CLAIMS  | T              | HIGH                             |              | (COLOTINE S)                         |      |                                   | 1 4004                 |      |                                |                        |  |
| AMENDMENT 8  |  | REMAINING<br>AFTER<br>AMENDMENT   |                | NUMI<br>PREVIO<br>PAID           | USLY         | PRESENT<br>EXTRA                     |      | RATE                              | ADDI-<br>TIONAL<br>FÈE |      | RATE                           | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | • 5   | Minus          | -/6                              |              | . —                                  |      | X\$ 9=                            |                        | OR   | X\$18=                         | _                      |  |
|  | Independent                                    | NTATION OF MI   | Minus          | ENDENT                           | CLAHA        |                                      |      | X42=                              |                        | OR   | X84=                           |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                           |  |   |                |                                  |              |                                      |      | +140=                             |                        | OR   | +280=                          |                        |  |
|  |  |   |                |                                  |              |                                      |      | TOTAL<br>DOIT, FEE                |                        | OR   | TOTAL<br>ADDIT. FEE            |                        |  |
| (Column 1) (Column 2) (Column 3)   |  |   |                |                                  |              |                                      |      |                                   |                        |      |                                |                        |  |
| AMENDMENT C  |  | CLAIMS REMAINING AFTER AMENDMENT  |                | HIGH<br>NUMI<br>PREVIO<br>PAID I | BER<br>BUSLY | PRESENT<br>EXTRA                     |      | RATE                              | ADDI-<br>TIONAL<br>FEE |      | RATE                           | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | •   | Minus          | **                               |              | =                                    |      | X\$ 9=                            | , to b                 | OR   | X\$18=                         | 155                    |  |
|  | Independent                                    | •   | Minus          | ***                              |              | -                                    |      | X42=                              |                        |      | X84=                           |                        |  |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                |                                  |              |                                      |      | V45=                              |                        | OR   | A04=                           |                        |  |
| +140= OR +280=   |  |   |                |                                  |              |                                      |      |                                   |                        |      |                                |                        |  |
| ***  | If the "Highest Nu<br>If the "Highest Nu       | min 1 is less than in<br>mber Previously Pa<br>mber Previously Pa<br>iber Previously Pa | ald For IN THE | S SPACE I                        | s lèss tha   | n 20, enter "20."<br>n 3. enter "3." | ~    | TOTAL<br>DIT. FEE<br>of in the ap |                        |      | TOTAL<br>ADDIT, FEE<br>Jumn 1. |                        |  |